

## Antimicrobial Resistance: Detection & Reporting from a Clinical & Public Health Perspective

### Registration Information

**Fee: \$45.00**

Registration deadline: April 28, 2004  
Send completed registration form one of  
two ways:

**Fax:** 617-983-8037  
or

**Mail:** NLTN  
305 South Street  
Boston, MA 02130-3597

Cancellation Deadline: No refunds after  
April 30, 2004

### Special Needs and Information

In compliance with the Americans with  
Disabilities Act, individuals needing  
special accommodations should notify  
the NLTN at least two weeks prior to  
the course. For more information call:  
800-536-NLTN or 617-983-6285.

### Continuing Education Credit

The Association of Public Health Laborato-  
ries (APHL) is approved as a provider of  
continuing education programs in the  
clinical laboratory sciences by the ASCLS  
P.A.C.E.® Program. Participants who  
successfully complete this program will be  
awarded 4.5 contact hours.

#### The National Laboratory Training Network




is a training system sponsored by  
the Centers for Disease Control and  
Prevention (CDC) and the Association  
of Public Health Laboratories (APHL).



NLTN

305 South Street  
Boston, MA 02130-3597



## Antimicrobial Resistance: Detection & Reporting from a Clinical & Public Health Perspective

***May 7, 2004***

***White River Junction, VT***

*Sponsored by:*

***Vermont***

***Public Health Laboratory***

***&***

***National Laboratory  
Training Network***



# Antimicrobial Resistance:

## Detection & Reporting from a Clinical & Public Health Perspective

### Description

In the last decade clinical and public health laboratories have seen increasing trends in antimicrobial resistance among a variety of bacterial pathogens. This program will focus on the responsibilities of clinical and public health laboratories for detecting and reporting antimicrobial resistance among those pathogens that present the greatest threat to the public's health.

The current NCCLS recommendations for routine antimicrobial susceptibility testing and reporting will be reviewed as will recommendations for preparing a local antibiogram report. Steps to identify and verify uncommon antimicrobial test results will also be presented.

### Objectives

*At the conclusion of this program, participants will be able to:*

- Discuss use of current NCCLS standards for antimicrobial susceptibility testing and reporting in clinical and public health laboratories
- List current recommendations in NCCLS M39-A for analyzing cumulative antimicrobial susceptibility data in order to prepare annual antibiograms
- Discuss current suggestions in NCCLS M100-S14 for verification of antimicrobial susceptibility test results and confirmation of organism identification

### Agenda

- 8:30 Registration
- 9:00 Current Issues in Antimicrobial Susceptibility Testing & Reporting
- 10:15 Break
- 10:30 Recommendations for Preparation of an Antibiogram Report at the Local Level
- 11:30 Vermont Epidemiology/Laboratory Perspective
- 12:00 Lunch (Provided)
- 1:00 Ensuring Accuracy of Antimicrobial Test Results on Patient Isolates
- 2:30 Evaluation
- 2:45 Adjournment



### Who Should Attend

This intermediate level course is designed for clinical and public health laboratorians who perform antimicrobial susceptibility testing.

### Location

Regency Inn & Suites  
259 Holiday Drive/Sykes Avenue  
White River Junction, VT

*Detailed driving directions will be included with the confirmation letter.*

### Speakers

**Janet Fick Hindler**  
**MCLS, MT(ASCP), F(AAM)**

Ms. Hindler is a Senior Specialist in Clinical Microbiology for the Division of Pathology and Laboratory Medicine at UCLA Medical Center in Los Angeles, California. She is working this year with the Centers for Disease Control and Prevention (CDC), Division of Laboratory Systems, through an Interagency Personnel Agreement, to develop and conduct training on antimicrobial susceptibility testing (AST).

**Patsy Tassler, Ph.D.**

Dr. Tassler is a Health Surveillance Epidemiologist for the Vermont Department of Health. She is also a Clinical Assistant Professor for the University of Vermont, College of Medicine.

### Facilitators & Program Planners

**Christine LaBarre, BS**  
Vermont State Training Coordinator  
Vermont Public Health Laboratory  
Burlington, VT

**Betsy Szymczak, MS, MT(ASCP)**  
NE Manager, NLTN, Boston, MA

**Shoolah Escott, MS, MT(ASCP)**  
CDC Training Advisor, NLTN, Boston, MA

**"Quality Laboratory Practice  
Through Continuing Education"**

NE6804  
2004MIC2002  
PACE 588-268-04

**National Laboratory Training Network  
Registration Form**

Form Approved  
OMB No. 0920-0017  
Exp. Date: 6/30/06

**Training Event Title:** Antimicrobial Resistance: Detection & Reporting from a  
Clinical & Public Health Perspective

**Date:** May 7, 2004

**Location:** White River Junction, VT

**Applicant Information** (Please type or print.)

(Dr./Mr./ Miss.

/Ms./Mrs.)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ State Licensure Number: (If applicable): \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Mailing Address: (Please specify, Employer's or your Home address?)  
\_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (E-mail future training event notifications? Please circle, YES or NO.)

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please review all options in the three categories before circling the one most appropriate in each category.)

**Occupation**

- 01 Physician
- 02 Veterinarian
- 04 Laboratorian
- 05 Nursing Professional
- 06 Sanitarian
- 08 Administrator
- 11 Safety Professional
- 13 Educator
- 14 Epidemiologist
- 15 Environmental Scientist
- 12 Other \_\_\_\_\_

**Education Level**

(Highest Completed)

- Degree
- 04 Associate
- 05 Bachelor
- 06 Masters
- 07 Doctoral (M.D.)
- 08 Doctoral (Other than M.D.)
- 09 Technical/Hospital School
- 03 Some College
- 02 High School Graduate
- 01 Some High School
- 10 Other \_\_\_\_\_

**Type of Employer**

- 01 Health Department (State or Territorial)
- 03 Health Department (Local, City or County)
- 04 Government (Other Local, not City or County)
- 05 Centers for Disease Control and Prevention
- 09 U.S. Food and Drug Administration
- 11 U.S. Department of Defense
- 12 Veterans Administration Medical Center/Hosp.
- 15 Other (Federal Employer) \_\_\_\_\_
- 16 Foreign
- 19 College or University
- 21 Private Industry
- 23 Private Clinical Laboratory
- 24 Physician's Office Laboratory/Group Practice
- 17 Hospital (Private Community)
- 33 Hospital (Other)
- 25 State Funded Hospital
- 26 City or County Funded Hospital
- 28 Health Maintenance Organization
- 31 Non-profit
- 32 Unemployed or Retired
- 30 Other \_\_\_\_\_

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

**Register Early!**

**Registration Fee: \$ 45.00**

**Registration Deadline: April 28, 2004**

Payment Information (Please check one.)

☐

Enclosed is my check or money order (payable to APHL).

☐

Enclosed is a Purchase Order.

☐

Bill my Credit Card.  
(Circle one.)

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Submit your registration form to:

**Fax:** 617-983-8037

**Mail:** NLTN  
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Visit our Web site for future programs  
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<http://www.nlttn.org>

**For further information call: (617) 983-6285  
or in the Northeast region (800) 536-NLTN.**

**Credit Card Information**

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